United States Bankruptcy Court Southern District of Texas Attorney/Trustee Registration Form for Bankruptcy Electronic Filing

Date Submitted:		(Please print or type)			
Admitted to Practice in the Southern District of Texas:		□ yes	□ no	□ Pro	Ha Vice
First/Middle/L	_ast Name:				
Bar Number:	Licensing Sta	te:			
Firm:					
Street and Su	uite:				
	D:				
Voice: Facsimile:					
E-Mail:					
If you have <u>a</u> Bankruptcy C	<u>Iready</u> attended ECF training or are regist Court, provide the Court name:	tered for E	CF in anotl	her U. S.	District or
	g this form, I agree to abide by these rules				
1.	I will maintain familiarity with the technical and procedural requirements as they are adopted by the court.				
2.	Use of my login and password constitutes my signature on documents filed electronically for purposes the Federal Rule of Bankruptcy Procedure 9011.				
3.	I am responsible for all use of my login and password, authorized or not.				
4.	By registering, I consent to electronic service of documents and notices through the court's Electonic Filing System and waive service by other means.				
Applicant's	Signature				
Check approp	priate box: Trustee		At	torney	
Please return to	Electronic Registration United States Bankruptcy Cou P.O. Box 61010 Houston, TX 77208-1010	rt			
FOR OFFICE STAFF ONLY: Rec AA T ECF					